| Protection C | ER REQUEST FOR S.N. | | |
|--|---------------------|--------------|--------------|
| DATE: 6/8/02 | FROM: flu | jul | (print name |
| , | REASON(S): | | |
| FORWARD TO: | A. You had Parent | (check bax) | |
| A. Art Unit: <u>9182</u> | B. See Title | (check box) | •. |
| B. Class: 710 | C. See Abstract | (check box) | |
| C Subclass: 1+ | D. See Claim(s): | all | |
| FURTHER EXPLANATION IF N | EEDED: | | |
| T/O circui | try | | |
| | <i>f</i> . | | |
| | | | |
| DATE: | FROM: | | (print name) |
| | REASON(S): | | |
| FORWARD TO: | A. You had Parent | (check bax) | |
| A. Art Unit: | B. See Title | (check box) | |
| B. Class: | C. See Abstract | (check bax) | |
| C Subclass: | D. See Claim(s): | | |
| DATE: | FROM: | | (print name) |
| | REASON(S): | | |
| ORWARD TO CLASSIFIER | A. You had Parent | (check box) | |
| | B. See Title | (check box) | |
| en la companya de la | C. See Abstract | (check box) | |
| | | (Crieck box) | ž |
| | D. See Claim(s): | | |
| URTHER EXPLANATION IF NE | EDED: | | |
| | | ľ | |
| | | | |
| ISPOSITION BY 2100 CLA | SSIFICATION | | |
| ATE: | CLASSIFIER: | | |
| · | REASON(S): | | |
| ORWARD TO: | A. You had Parent | (check box) | |
| Art Unit: | B. See Title | (check box) | |
| Class: | C. See Abstract | (check bax) | |
| Subclass: | D: See Claim(s): | | |

FURTHER EXPLANATION IF NEEDED: